

PREScribed FORM FOR APPLICATION FOR ABSENTEE BALLOT

Beginning 75 days before election day and ending at noon on the day before the election, an elector may submit this application for an absentee ballot to the county election administrator. Voters may apply for each election separately, may request ballots for each subsequent election in which they are eligible to vote, or may request ballots only for each subsequent federal election.

An elector may request this application by e-mail, mail, phone, or in person, and may mail the application directly to the election administrator or deliver it in person to the election administrator. A third party may also collect this application and forward it directly to the county election administrator.

Name: _____ Birthdate _____

County where registered: _____ Phone: _____

I authorize my official absentee ballot to be mailed to me at this address (please print):

Mailing Address City State Zip

By signing below I understand that I am requesting an official absentee ballot.

Signature of elector Date signed

PERMANENT ABSENTEE LIST

(Optional)

I request an absentee ballot to be mailed to me, for as long as I reside at the address listed above:

All Elections

All Federal Elections Only

VOTER INFORMATION PAMPHLET REQUEST

(Optional)

If applicable for the election, I would like a Voter Information Pamphlet to be sent to me along with my absentee ballot.

TO DESIGNATE SOMEONE TO PICK UP YOUR ABSENTEE BALLOT FOR YOU

(Optional)

I, the elector who signed above, hereby designate _____ to pick up my absentee ballot.

RECEIPT OF ABSENTEE BALLOT BY DESIGNEE

On this _____ day of _____, 20_____, I received the absentee ballot for the applicant named above.

Signature of absentee ballot recipient _____

WHERE TO RETURN VOTED BALLOT

Return voted absentee ballots to your county election office no later than close of polls on election day, or to your polling place on election day.

Election Office Address:

AFFIDAVIT OF ELECTOR (DUE TO ILLNESS OR HEALTH EMERGENCY)

Optional: I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and noon on election day.

Signature of Elector and Date Signed

FOR OFFICE USE PRECINCT # _____ BALLOT # _____